

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST SHERI LAST	MI A. SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4417 GARDEN DRIVE, ARLINGTON, TX 76001	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 572-0421	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR ENNIS NICKNAME	FIRST Rudolph LAST	MI L. SUFFIX ESQ.
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2414A FOREST BROOK LANE, ARLINGTON, TX 76006		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 858-3019	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 10 / 06 5 / 03 / 06		
11 ELECTION	ELECTION DATE Month Day Year 5 / 13 / 06 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) ARLINGTON CITY COUNCIL DISTRICT 2	13 OFFICE SOUGHT (if known) ARLINGTON CITY COUNCIL DISTRICT 2	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name NONE Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

SHERI A. CAPEHART

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 260.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,835.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 463.10

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

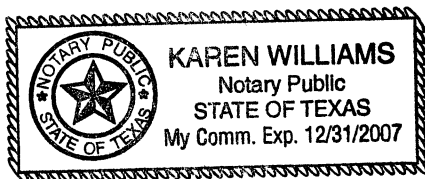
\$ 4,849.35

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 89,968.14

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sheri A. Capehart
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheri A. Capehart, this the 5th day of May, 2006, to certify which, witness my hand and seal of office.

Karen Williams
Signature of officer administering oath

Karen Williams
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 3

2 FILER NAME

SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/24/06

5 Full name of contributor

☐ out-of-state PAC (ID#)

JANNA C. McDONALD

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1124 FOREST DRIVE
ARLINGTON, TX 76012

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/25/06

Full name of contributor

☐ out-of-state PAC (ID#)

MPAC ARLINGTON, INC.

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 174474, ARLINGTON, TX 76003

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/26/06

Full name of contributor

☐ out-of-state PAC (ID#)

BOB MCFARLAND

Amount of contribution (\$)

\$750.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

100 W. ABRAM, ARLINGTON, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/06

Full name of contributor

☐ out-of-state PAC (ID#)

LAN-PAC

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5307 MOCKINGBIRD LANE, SUITE 400
DALLAS, TX 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/06

Full name of contributor

☐ out-of-state PAC (ID#)

RUDDOLPH AND VICKIE ENNIS

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2414A FOREST BROOK LANE
ARLINGTON, TX 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 3

2 FILER NAME

SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/30/06

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

JERRY TEES

7 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

2104 INVERRAY COURT
ARLINGTON, TX 76017

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/30/06

Full name of contributor

☐ out-of-state PAC (ID# _____)

MARTY VAN RAVENSWAAY

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

5710 OVERRIDGE COURT
ARLINGTON, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/06

Full name of contributor

☐ out-of-state PAC (ID# _____)

WILMA W. MITCHELL

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2108 CROSS CREEK COURT
ARLINGTON, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/06

Full name of contributor

☐ out-of-state PAC (ID# _____)

CRAIG E. SAVELA

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

6515 FOX GLEN DRIVE
ARLINGTON, TX 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/06

Full name of contributor

☐ out-of-state PAC (ID# _____)

CARON MONTGOMERY

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

5621 S. ARCHBRIDGE COURT
ARLINGTON, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **3 of 3**

2 FILER NAME

SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/3/06

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

KELLY MCKNIGHT

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**3209 W. SUBLETT ROAD
ARLINGTON, TX 76017**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/3/06

Full name of contributor

☐ out-of-state PAC (ID# _____)

NICHOLAS STEFKOVICH

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**6308 EDINBURGH DRIVE
COLLEYVILLE, TX 76034**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:**1****2** FILER NAME

SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ NONE

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#: _____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)

NONE

7 Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: 1	
2 FILER NAME SHERI A. CAPEHART		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$ NONE
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) NONE		9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:1**2** FILER NAME

SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name

NONE

7 Amount
(\$)**6** Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/26/06

5 Payee name

Global MAIL MANAGEMENT

6 Payee address; City; State; Zip Code

576 N. BEACH STREET
FORT WORTH, TX 76111

8 Amount (\$)

#365.50

7 Purpose of expenditure (See instructions regarding type of information required.)

BULK MAILING SERVICES AND POSTAGE

☒ Reimbursement from political contributions intended

Date

4/24/06

Payee name

U.S. POSTAL SERVICE

Payee address; City; State; Zip Code

TATE SPRINGS STATION, ARLINGTON, TX 76003

Amount (\$)

#96.00

Purpose of expenditure (See instructions regarding type of information required.)

POST CARDS AND POSTAGE

☒ Reimbursement from political contributions intended

Date

4/24/06

Payee name

CITY OF ARLINGTON, SECRETARY'S OFFICE

Payee address; City; State; Zip Code

101 W. ABRAM STREET
ARLINGTON, TX 76010

Amount (\$)

#1.60

Purpose of expenditure (See instructions regarding type of information required.)

COPYING

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:**1****2** FILER NAME

SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Business name

NONE

7 Amount
(\$)**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:**1****2** FILER NAME

SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name

NONE

6 Payee address; City; State; Zip Code**7** Purpose of expenditure (See instructions regarding type of information required.)**8**Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

